## **VACANCY NOTICE**

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

L L	TITLE OF POSITION: Eligibility Technician	CLASSIFICATION CODE:	02466200
Description of Position	SALARY RANGE: (0321A) \$39574-44504	REFERENCE POSITION NO.:	1255-10000-1226
	Department of Human Services	APPLICATION PERIOD:	8/28/2012 to 9/03/2012
	Division/Section/Unit Management Svs.  Assignment(s) / Comments LATERAL RIDS ONLY INARE	GRACE PERIOD ENDS	9/6/12 4:00 PM
	Assignment(s) / Comments LATERAL BIDS ONLY - INAPPROPRIATE BIDS WILL NOT BE ACKNOWLEDGED  Shift and Days: Monday - Friday 8:30 - 4:00 <b>Job Location:</b> Wakefield Regional Office		
ţi	Restrictions/Limitations: none	vvakelleld	rrogional Onice
ri p	Position Covered By Collective Bargaining Union Agreement	Yes <b>X</b>	No
980	Name of Bargaining Unit Union: Council 94, Local 2882	163 🔨	
ŏ	There is X is not a Civil Service List for this position	See A/B or I	Both for Specific Instructions
	* NOTE: If there is a list, only laterals (employees with the same t		
INSTRUCTIONS:			7 11
General Information to Candidate	A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position's) indicated. If you are currently in this classification and wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either on the application or within a cover letter, both the File Position Title and Number.		
	Most Important - Please include the following information:		
	The title of the position for which you are applying	Name of department where you are currently em	pployed
	Title of your present position and date you entered it	Your business telephone number	
	Date you entered State service     Present Union Affiliations		
<u>.</u>	*** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.  B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:		
nat	If indicated above that no civil Service list exists for this position, you need not be in the class of position, or be in State service to apply. All information		
	requested on the application form must be furnished. The information yo	·	* * *
Inf	item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on the application form, you may delay consideration of your application.		
<u> </u>	application form, you may delay consideration or your application.  C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS:		
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စ္	Reasonable Accommodations:  If an applicant is unable to perform any essential job functions because of	of his/her disability but can achieve the requ	uired results by means of a REASONABLE
	If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.		
	Medical Information:		
	Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations of the Americans with Disabilities Act (ADA).		
	DUTIES / RESPONSIBILITIES:		
ø	RIWorks, MA, & SNAP eligibility duties. Current assignment: Medical Assistance family and adult		
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	EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:		
Minimum Education & Experience	(A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.)		
	Education: Successful completion of two years of college; and		
	<b>Experience:</b> Employment in a position utilizing decision-making skills based on a review and evaluation of information gained		
	through interviews and/or completed records, and applying knowledge in a variety of practical situations.  Or, any combination of substantially equivalent to the above education and experience.		
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Where to Apply	Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14 application or bid. This Office does not assume responsibility for applications sent through the mail. SEND RESUME or CS-14 Application to:		
			SOWIE OF CS-14 Application to:
	•	Faxed or email bids will not be	
		accepted.	— / <b>.T.</b> \
	- ,-	TTY/TDD #: 711 (Telecommunication Device for the De	an land
	Craneton PL 02020	(Teleconlinanication Device for the De	cai)